

PTO/SB/02A (11-00)

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Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname		
Dominique P. Inventor's Signature		Bureau		
Residence: City	Guelph	State	Country	Canada
		Citizenship Canadian		
Mailing Address 457 Edinburgh Road South, Apt. 101, Guelph, Ontario Canada N1G 2Y5				
Mailing Address				
City	Guelph	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname		
Diana J. Inventor's Signature		Philbrick		
Residence: City	Guelph	State	Country	Canada
		Citizenship Canadian		
Mailing Address 381 Edinburgh Road South, Apt. 302, Guelph, Ontario Canada N1G 3S7				
Mailing Address				
City	Guelph	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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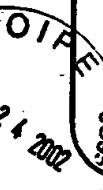
**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

OR

Attorney Docket Number	6580-262
First Named Inventor	Bruce J. Holub
COMPLETE IF KNOWN	
Application Number	09/964,554
Filing Date	September 28, 2001
Group Art Unit	1614
Examiner Name	N/A



As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Triterpene Saponins from Soybeans for Treating Kidney Disease

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) 09/28/01 as United States Application Number or PCT International

Application Number 09/964,554 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	1059	OR	<input type="checkbox"/> Correspondence address below
Name <i>S</i>	Micheline Gravelle				
Address	Box 401, 40 King Street West				
City	Toronto	State	Ontario		ZIP M5H 3Y2
Country	Canada		Telephone	416-364-7311	
			Fax	416-361-1398	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name Holub or Surname			
Inventor's Signature <i>B J Holub</i>				Date Jan. 3/2002	
Residence: City	Guelph	State	Canada	Canadian Citizenship	
26 Ridgeway Drive, Guelph, Ontario, Canada N1L 1G9					
Mailing Address					
Guelph				Canada	
City		State	Zip	Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name Collins or Surname			
Inventor's Signature <i>J W. Collins</i>				Date Jan 7 th 2002	
Residence: City	Ottawa	State	Canada	Canadian Citizenship	
596 Parkdale Avenue, Ottawa, Ontario Canada K1Y 1J2					
Mailing Address					
Ottawa				Canada	
City		State	Zip	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					